

EVERY PROVIDER MATTERS

(Every Woman Matters Provider Update)

Nebraska Health & Human Services' Every Woman Matters Program
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Cervical Cancer Screening Guidelines

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George Papanicolaou, MD, introduced the concept of cervical cytology (subsequently known as the Pap smear) over seventy years ago. It is a simple clinical test where scrapings are taken from the outer layer of the cervix and from the endocervical canal. Cells collected are then viewed under the microscope for characteristic features to determine if they are normal, potentially precancerous (dysplasia), or suggestive of cancer. The Pap smear takes only a couple of minutes and can easily be incorporated into an annual examination. This collection method has changed little in the past few decades. Some advances have been made, such as liquid based cytology preparations, which significantly improve Pap smear interpretation. Advances are also being made in predicting which women are at highest risk of developing cervical cancer if their Pap smears are abnormal.

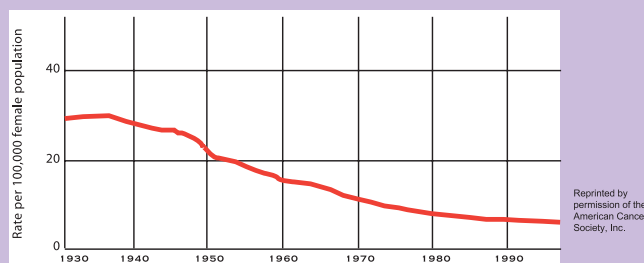
Since Pap smears have become a routine clinical practice in the United States, the incidence of invasive cervical cancers has been reduced substantially (Figure 1). Accordingly, the number of women who require treatment, and who are at risk of death from cervical cancer has also decreased significantly. This reduction in cervical cancer is because the Pap smear has successfully met criteria required of an effective screening tool. Cervical cytology can easily be applied to the general population, is cost effective, detects potential problems early, and enables timely treatment of precancerous cervical abnormalities. Despite progress, it is important to note that an estimated 10,520 women in the United States will develop cervical cancer in 2004, with 3,900 expected deaths.

WHAT'S INSIDE?

Professional & Continuing Education

Cervical Cancer Screening.....	1-3
EWM Cervical Guidelines.....	3
New-Pap Test Frequency.....	4
Quality Improvement.....	4
ASCCP Algorithms.....	5
Women with Disabilities.....	5
Keeping the Beat.....	6-7
CEU Online Video.....	8
EWM Exhibit.	8
Emerging Technology.....	9
NSRT Symposium.....	9
Cytologists Present in Omaha..	10
Straight Talk.....	10
Nebraska CARES Conference...	11
Frequently Asked Questions.....	12
Client Resources.....	13
Women's Health Symposium...	13
Website Resources....	Back Page

Cervical Cancer - Incidence in U.S.



- With the advent of the Pap smear, the incidence of cervical cancer has dramatically declined.
- The curve has been stable for the past decade because we are not reaching the unscreened population.

(Continued on Page 2)

Cervical Cancer Screening Guidelines *(Continued from Page 1)*

Until recently, it was recommended that all women age 18 and older, and those of any age who are sexually active, undergo annual Pap smear screening. **Updated guidelines are based upon consensus statements by various healthcare organizations including the American Cancer Society and the National Comprehensive Cancer Network (NCCN), of which the University of Nebraska Medical Center is a member.** These guidelines include changes regarding the frequency of screening, age at which to initiate Pap tests, differential use of conventional cytology versus liquid based cytology methods, the role of human papilloma virus (HPV) testing and circumstances when cervical screening may be discontinued.

When to start screening

- Cervical cancer screening should begin approximately three years after the onset of vaginal intercourse.
- Screening should begin no later than 21 years of age.
- It is critical that adolescents who may not need a cervical cytology test obtain appropriate preventive health care, including assessment of health risks, contraception and prevention counseling, screening and treatment of sexually transmitted diseases.
- The need for cervical cancer screening should not be the basis for the onset of gynecologic care.

When to discontinue screening

- Women at age 70 and older with an intact cervix who have had three or more documented, consecutive, technically satisfactory normal/negative cervical cytology tests, and no abnormal/positive cytology tests, within the 10 year period prior to age 70 may elect to cease cervical cancer screening.
- Screening is recommended for women who have not been previously screened, women for whom information about previous screening is unavailable, and when past screening is unlikely.
- Women who have a history of cervical cancer, in utero exposure to DES, and/or who are immunocompromised (including HIV+) should continue cervical cancer screening for as long as they are in reasonably good health and do not have a life-limiting chronic condition.
- Until more data are available, women who test positive for HPV DNA should continue screening at the discretion of their health care provider.
- Women over the age of 70 should discuss their need for cervical cancer screening with their health care provider based on their individual circumstances, including the potential benefits, harms and limitations of screening, and make informed decisions about whether to continue screening.
- Women with comorbid or life-threatening illnesses may forego cervical cancer screening.

Hysterectomy

- Screening with vaginal cytology tests after total hysterectomy (with removal of the cervix) for benign gynecologic disease is not indicated.
- Efforts should be made to confirm and/or document via physical exam and review of the pathology report (when available) that the cervix was completely removed.
- Women who have had a subtotal hysterectomy (without removal of the cervix) should continue cervical cancer screening as per current guidelines.
- Patients with a history of CIN II-III, or for whom it is not possible to document the absence of CIN II-III prior to or as the indication for the hysterectomy, should be screened until three documented, consecutive, technically satisfactory normal/negative cervical cytology tests, and no abnormal/positive cytology tests, within a 10 year period are achieved.
- Women with a history of in utero DES exposure and/or with a history of cervical carcinoma should continue screening after hysterectomy for as long as they are in reasonably good health and do not have a life-limiting chronic condition.

Screening Interval

- After initiation of screening, cervical screening should be performed annually with conventional cervical cytology smears OR every two years using liquid-based cytology. At or after age 30, women who have had three consecutive, technically satisfactory normal/negative cytology results may be screened every 2-3 years (unless they have a history of in utero DES exposure, are HIV+, or are immunocompromised). *(Continued on Page 3)*

Cervical Cancer Screening Guidelines (Continued from Page 2)

Screening Interval (continued)

- HPV DNA testing for primary cervical cancer screening has recently been approved by the FDA for women ≥ 30 years of age. It is reasonable to consider that for women age 30 and over, as an alternative to cervical cytology testing alone, cervical screening may be performed every three years using conventional or liquid-based cytology combined with a test for DNA for high-risk HPV types.
- Frequency of combined cytology and HPV DNA testing should NOT be more often than every three years.
- Counseling and education related to HPV infection is a critical need.

Women should begin Pap test screening three years after the onset of sexual intercourse or no later than 21 years of age according to the current recommendation of the American Cancer Society. They should have an annual Papanicolaou (Pap) test and pelvic examination if using conventional cervical cytology smears, or Pap test every two years, but still have annual exam, if using liquid based cytology. Women at low risk for cervical cancer, who are at least 30 years of age and have had three or more consecutive normal annual Pap examinations, may have a Pap test done less frequently, at the discretion of their physician. Women with one or more high-risk factors associated with cervical intraepithelial neoplasia (CIN) or cervical carcinoma may require more frequent Pap tests.

Cervical cancer is rare in women who comply with these guidelines. Furthermore, the Pap test may be the single most effective cancer screening tool available to date. As science and technology move forward, the importance of this basic test cannot be overemphasized and remains a vital part of women's healthcare.

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Every Woman Matters Cervical Cancer Screening Guidelines

Age: Screening Pap smears reimbursed for women 40 through 64 years of age*

Hysterectomy: Screening Pap smears reimbursed for women who have intact cervixes and had a hysterectomy due to cervical neoplasia.

Screening Interval: Screening Pap smear annually until the program documents three normal Pap smears through the program. After three consecutive normal Pap smears, screening for cervical cancer will commence after 36 months. Pelvic exam is only reimbursable when done in conjunction with a Pap test or a clinical breast exam. **The new policy on Page 4 regarding criteria to increase Pap smear screening frequency becomes effective March 1, 2005.**

Liquid Base Technology: Liquid-based technologies for Pap testing are reimbursed by program state funding.

HPV Testing: The program does not currently reimburse for HPV testing. The Program Medical Advisory Committee is now reviewing the reimbursement policy for HPV testing to determine how Every Woman Matters can reimburse for HPV testing in the future.

*(Clients under 40 years of age are eligible for screening only if they were enrolled prior to July 1, 1997.)

NEW PROGRAM POLICY - Pap Smear Frequency

Providers who offer clinical services for Every Woman Matters (EWM) have been notified about this new policy. The Centers for Disease Control and Prevention (CDC), the grant funder, requires all state programs to develop a list, based on scientific evidence, of reasons that would be appropriate for increasing Pap smear frequency.

Therefore, the following new policy, effective March 1, 2005 was recommended and approved by the EWM Medical Advisory Committee.

NEW POLICY

Pap smears will be done only every three (3) years after three (3) consecutive annual normal/benign exams through EWM. In order for EWM to reimburse for an increase in Pap smear frequency, the client must meet one of the following criteria within the last 10 years:

- Cigarette Smoking
- Compromised Immune System, such as positive HIV status, organ transplant, or chronic immunosuppressant therapy
- Intrauterine DES Exposure
- Multiple sexual partners/change in partner (for client or her partner)
- Procedure for cervical dysplasia or cancer
- STDs (including HPV)

HPV Testing: EWM does not currently reimburse for HPV DNA testing. The EWM Medical Advisory Committee is now reviewing the reimbursement policy for HPV testing to determine how EWM can reimburse for HPV testing in the future.

Screening Card: After a woman has had three (3) normal consecutive Pap smears, she receives a salmon colored screening visit card indicating she is not eligible for a Pap smear at this time. This card will now have the list of reasons on the card as stated above.

Note: An annual pelvic exam is still the recommended practice for women who have any of their pelvic reproductive organs intact, regardless of Pap smear frequency. Within the context of EWM, pelvic exams are only reimbursable when done as part of an office visit in which the client receives a clinical breast exam and/or Pap smear.

PREVIOUS POLICY PRIOR TO MARCH 1, 2005:

The previous cervical cancer screening frequency policy was based on program guidelines set by CDC. The previous EWM policy stated that Pap smears would only be done every three (3) years after three (3) consecutive annual normal/benign exams through EWM. It previously allowed for clinician discretion to increase Pap smear frequency.

Quality Improvement Trainings

CIMRO of Nebraska (CIMRO-NE), Nebraska's Medicare Quality Improvement Organization, is dedicated to making Nebraska's healthcare the best in the nation. To help achieve this goal, CIMRO-NE offers quality improvement training to Nebraska healthcare providers. Training is provided on location, via teleconference, WebEx or video conference, depending on the need of the facility.

Training session content and duration can be modified based on your facility's needs and are provided at no expense to your facility. Examples of classes offered include:

- Introduction to Managing for Quality and Managing for Quality
- Statistical Process Control
- Making Sense of Data
- Quality Improvement Tools
- Failure Mode Effects Analysis
- The Effective Quality Improvement Team Meeting Process
- Team Facilitation

For a complete list of trainings offered, please visit www.cimronebraska.org. If you are interested in finding out more about these topics, or scheduling a training, contact Clark Carboneau, Quality Improvement Advisor, at (402) 476-1699 or via e-mail at ccarboneau@nequio.sdps.org.



Resources for better healthcare

EWM Follows ASCCP Algorithms

Reminder of New Policy: At the Every Woman Matters (EWM) Medical Advisory Committee meeting in June 2004, the following new policy was approved:

Every Woman Matters will follow the 2001 American Society for Colposcopy and Cervical Pathology (ASCCP) “Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.”

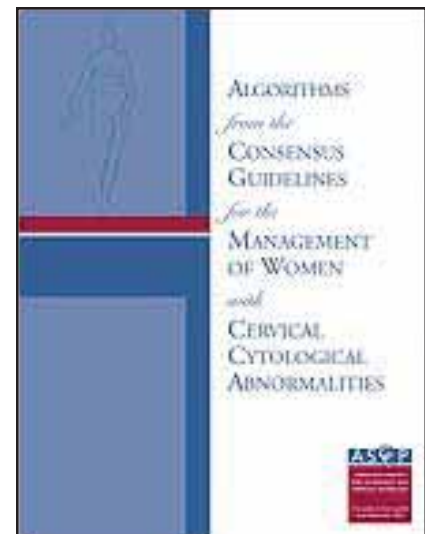
EWM is aware that most clinicians already follow this standard of practice for all of their clients. Booklets with the algorithms are available for clinicians by contacting Tom Beachell, EWM at 800-532-2227 or online at the ASCCP web site found at: <http://www.asccp.org/consensus/cytological.shtml>.

Educational Resources: ASCCP has available seven online courses that will be offered through 12/31/05. The courses are available at **no cost** and carry CME credit. They are available online 24 hours a day at the ASCCP site, <http://cme.asccp.org/home/home.cfm>.

Topics of the courses include:

- Understanding Cultural and Psychosocial Barriers to Pap Testing
- The Natural History and Epidemiology of HPV
- Follow-Up After an Abnormal Pap: Addressing Barriers
- The ASCCP Guidelines to Managing AGC
- The ASCCP Guidelines to Managing ASC
- Colposcopy of High Grade Lesions
- Immune Response to HPV

This is an excellent resource for information even if CME credit is not the goal. CDC is partnering with ASCCP to help make this opportunity available to providers offering services for the program. (Nurses may also access this program by entering their nursing license number in the course registration section. **Nursing contact hours are not available.**)

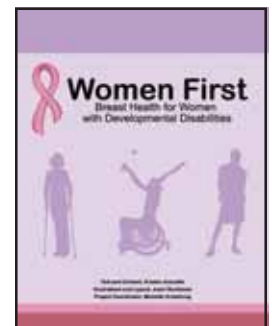


New Resource Available for Women with Developmental Disabilities

The Wyoming Institute for Disabilities and the Wyoming chapter of the Susan G. Komen Foundation created a handbook entitled “*Women First: Breast Health for Women with Developmental Disabilities*.” This handbook was designed for women with developmental disabilities to assist them to receive optimal healthcare. The guide explains how to do a breast self-exam and what to expect during a visit to the doctor. The handbook is downloadable through the Wyoming Institute for Disabilities website at <http://wind.uwyo.edu/breasthealth/> (click on self advocates handbook & then, women first handbook). A list of multiple resources regarding breast health and women with disabilities can also be found. This is a resource

providers can utilize to decrease the health barriers for women with disabilities.

NOTE: Every Woman Matters funder, the Centers for Disease Control & Prevention (CDC) supports a “vertical strip” pattern for breast self-exam (BSE) rather than the “concentric circles” pattern as used in this handbook. CDC does not support squeezing the nipples during BSE. Squeezing the nipples is shown in this guide.



Keeping the Beat - Your important role in the prevention and detection of cardiovascular disease

Did You Know Heart Disease is the #1 Killer of Women?

Of all the preventable causes of death in the United States, poor nutrition and physical inactivity exact a devastating toll, claiming more than 300,000 lives each year. Heart disease is the #1 killer of women, according to National Heart, Lung and Blood Institute (NHLBI), and in many instances is preventable with a change in lifestyle habits to include better nutrition, an increase in physical activity, and tobacco cessation.

The Nebraska Office of Women's Health and Every Woman Matters (EWM) is pleased to make cardiovascular screenings and lifestyle intervention activities accessible to women most at risk- those ages 40 through 64, the time when a woman's risk of heart disease begins to rise.

Clinics are a critical link in making screening services and heart health information available. Utilizing the EWM screening card as intended, along with detailed notation ensures appropriate screening services for all eligible clients.

What should I know about the EWM Screening Card and Cardiovascular/Diabetes Screening Services?

Every Woman Matters clients ages 40 through 64 should receive ALL screening services including: blood pressure, cholesterol, and blood glucose at the time their EWM screening card is presented for service.

- **In the event that a client has not fasted before their clinic visit, they may return within 2 weeks for lab services. After a 2-week duration, the client will not be eligible for lab services until their next annual comprehensive exam.**

Height & Weight: Current height and weight of client must be indicated each and every time an EWM screening card is presented.

Blood Pressure: Two readings must be taken during an office visit. Readings must be in accordance with JNCVII Blood Pressure guidelines. JNCVII Guidelines can be found in your EWM Provider Manual.

Cholesterol: Actual lab values should be indicated for client cholesterol including HDL and LDL values. The Program will not accept HDL/LDL ratios. **Please document actual lab values.**

A1c: Allowable service for pre-determined diabetic client.

Risk Reduction Counseling: ALL clients should receive individual risk reduction counseling related to physical activity, nutrition, weight loss/management, and smoking cessation.

CVD/Diabetes Screening Services for Women 40 to 64 Years of Age

- ☐ CVD/Diabetes Screening Refused
(list reason) _____
- ☐ Client is not 40-64 and not eligible for CVD/Diabetes Screening

Height: (with shoes off) ____/____ ft/in ☐ **Refused**
Weight: _____ lbs. ☐

Blood Pressure (1): ____/____ mm Hg ☐
Blood Pressure (2): ____/____ mm Hg ☐
(2 readings must be taken at this visit)

Fasted 9 hrs. ☐ Yes ☐ No

☐ Client to return to clinic or lab within 2 weeks for blood draw on: ____/____/____

Total Cholesterol: _____ mg/dl ☐
HDL (value not ratio): _____ mg/dl ☐
LDL (value not ratio): _____ mg/dl ☐
Triglycerides: _____ mg/dl ☐
Blood Glucose: _____ mg/dl ☐

or
A1c if Diabetic: _____ ☐

☐ Immediate Medical Referral and/or Follow Up (complete CVD/Diabetes Follow Up & Treatment Plan)

- ☐ Blood Pressure
☐ Cholesterol
☐ Blood Glucose

☐ Recheck in _____ weeks/months for elevated

- ☐ Blood Pressure
☐ Cholesterol
☐ Blood Glucose

☐ No follow up needed for elevated
☐ Blood Pressure
☐ Cholesterol
☐ Blood Glucose

(Continued on Page 5)

Keeping the Beat (Continued from Page 4)

Health Risk Appraisal: Found on the reverse side of the screening card, the Health Risk Appraisal should be completed by the client prior to provider visit. Discuss this appraisal with the client during their provider visit.

Screening cards should be returned within 2 weeks of service to the EWM Central Office for processing.

In addition to performing screening services for all eligible women, a clinic provider is also the key link to ensuring a client is presented with lifestyle intervention opportunities designed to engage clients in making changes to improve their heart health.

What Lifestyle Interventions Does the Every Woman Matters Program Offer?

Lifestyle intervention services are available to all women screened for cardiovascular services, and clinician support has been shown to increase the likelihood of lifestyle change among clients. Dialog between a clinician and client about increasing physical activity and eating a healthful diet may strengthen the recommendation for healthy behaviors. There is substantial evidence that demonstrates the effectiveness of lifestyle change programs when the attending clinician does some brief, but intense, counseling at the end of a medical visit prior to referral to a program.

The EWM Program offers women two lifestyle intervention opportunities – each addressing nutrition, physical activity, and striking a balance to overall good health for busy women.

The first intervention available to women is a series of community classes. In partnership with the University of Nebraska Cooperative Extension, Every Woman Matters is offering a 4-week series of classes entitled “ABC’s For Good Health.” The class integrates educational materials, interactive activities, and goal setting in the areas of nutrition and physical activity, but can incorporate other special

messages as deemed appropriate by the Office of Women’s Health and Cooperative Extension. Classes are offered Statewide, and include a pedometer to encourage walking, a notebook of class information and healthy recipes.

The second lifestyle intervention available to women is a self-study series entitled “Be A WiseWoman”. Developed by EWM, this option is a series of 5 booklets that also incorporate nutrition, physical activity, and other appropriate messages. Goal setting, walking logs, and pedometers are also a part of this opportunity. Messages have been crafted utilizing credible sources such as National Heart Lung and Blood Institute, Centers for Disease Control and Prevention, American Heart Association, and the United States Department of Agriculture. Booklets are mailed to women on a monthly basis for six months in conjunction with followup calls from community-based outreach already in place for EWM clients.

All EWM clients who received cardiovascular screening are contacted after they have completed their screenings, unless you have indicated “No” in the Health Education box located in the center of the screening card. Women are then contacted monthly for 6 months by community-based outreach to offer encouragement, goal setting, and followup to intervention participation.

Outreach agencies are based in local communities, and are long-standing partners working to make the Every Woman Matters Program available to all women. They share program information at local venues, enroll women in the program, and serve as a local resource for EWM questions and concerns. Outreach agencies expand our reach statewide!!

We are asking that you, our provider partners, also help expand our reach. Please make cardiovascular health information available to women enrolled in EWM by performing the cardiovascular screening services, and discussing the importance of lifestyle changes.

Your partnership efforts are key as we continue to serve women, and also take part in important research efforts being conducted by our funders, the Centers for Disease Control and Prevention. With sound data documentation and collection, you help us continue the efforts to allocate resources in the fight against the #1 killer of women-heart disease.

For questions related to the cardiovascular screenings and lifestyle intervention components of the Every Woman Matters Program, please contact Michelle Heffelfinger or Cathy Dillon at 1-800-532-2227.

Professional Education/Continuing Education

Free CEU Online Video for Clinic & Mammography Facility Staff



Were you among the 500 clinic staff that gave Valda Boyd Ford, MPH, MS, RN, high marks on her presentation, "Meeting the Needs of Women in Your Clinic and Community," in October & November 2003 at one of the 13 Every Woman Matters (EWM) continuing education trainings for clinic nurses?

Now you and your colleagues can watch and listen to Ms. Ford's presentation "Providing Effective Healthcare for a Diverse Population" available via the Internet on the UNMC Olson Center for Women's Health web site video library. Ms. Ford, an internationally acclaimed speaker, is the Director of Community and Multicultural Affairs for UNMC & the NE Medical Center. She is also the Director of the Center for Human Diversity in Omaha.



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FOR WOMEN'S HEALTH
www.unmc.edu/olson

Ms. Ford emphasizes during her presentation that providers must recognize the importance of being qualified to care for special populations. Such populations include the elderly, minorities, new immigrants, refugees, the poor, morbidly obese, people with varying levels of cognitive and physical abilities, people with different sexual orientations, and people with different religions and faiths.

This video session can be viewed by anyone at www.unmc.edu/olson (click on the "Every Woman Matters" link under On-Line Nursing Credit). **1.5 nursing contact hours** are available to anyone who needs them. **Nursing contact hours are available at no cost** to nurses from clinics that participate in EWM. Mammography technologists and breast ultrasound technologists from facilities that offer EWM services may also receive 1.5 free nursing contact hours. EWM is responsible for payment to the Olson Center for these staff members. A registration form and evaluation following the lecture must be completed to apply for continuing education through the UNMC College of Nursing Continuing Education Program. Radiologic Technologists may use this presentation for Category B credit.

To view the video, the Real One media player is required. This software is free and may be downloaded from the Internet. A link to the site is provided on the Olson Center Video Library page. Any questions or assistance with downloading the software or the video may be obtained by calling the Olson Center at (800)775-2855. **The best viewing is through high speed (e.g. cable modem, broad band) Internet connection.**

Every Woman Matters Exhibits

Many nurses and nursing students were interested in the program information at the Every Woman Matters (EWM) exhibit booth at the Nebraska Nurses Association (NNA) Convention held in Kearney during October 2004. EWM plans to have an exhibit at the state conferences of the Nebraska Nurse Practitioners, Nebraska Academy of Physician Assistants, Nebraska Academy of Family Physicians, and Nebraska Society of Radiologic Technologists held during the first few months of 2005.



EWM Display at the NNA Convention

Please stop by future exhibits for program updates.

Emerging Technology Highlighted at Physician Conference

Stanley Radio, M.D., presented an update to physicians titled "Emerging Technology – Liquid Based Technologies, HPV & Cervical Cancer" at the Nebraska Academy of Family Physicians Preventive Medicine Conference held in Nebraska City on November 6, 2004. Dr. Radio is a staff pathologist at the NE Medical Center and a professor in the Department of Pathology and Microbiology at UNMC. He is also the Medical Director of the UNMC Cytotechnology Program.

Every Woman Matters (EWM) was pleased to sponsor this session. The program is now reimbursing for liquid-based technologies for screening of Pap tests with state funding. EWM does not currently reimburse for HPV testing. The EWM Medical Advisory Committee is now reviewing the reimbursement policy for HPV testing to determine how EWM can reimburse for HPV testing in the future.



Jeffrey Harrison, M.D., UMA-Summit, Omaha and Stanley Radio, M.D.



Education for Mammography Technologists at NSRT Symposium

Mammography technologists from several facilities in the state attended the annual Mammography Symposium at the Nebraska Society of Radiologic Technologists (NSRT) Conference in Norfolk in May 2004. The vast majority of these facilities participate in Every Woman Matters (EWM). Educational topics highlighted were breast imaging and image directed breast biopsies plus synergism of mammography and surgical care as well as MRI of the breast. EWM was very pleased to sponsor the following speakers for the sessions: Surgeons Mary Milroy, M.D., Yankton Medical Clinic, Yankton, SD and Christine Rogness, M.D., Dinklage Medical Clinic, West Point; and Radiologists from Omaha, Richard Kutilek, M.D., Radiologic Center, Inc. and Annabelle Galva, M.D., UNMC. The technologists also learned more about resources available to them and their clients at the EWM exhibit.



Freda Wiedel, R.T., Thayer County Health Services, Hebron and Richard Kutilek, M.D. discussing breast imaging.



Participants engaged in a speaker presentation.

Expert Cytologists Present at Workshop in Omaha

Every Woman Matters (EWM) sponsored a successful continuing education opportunity in Omaha during August 2004 for pathologists and cytotechnologists. No registration fee was required for those practicing in laboratories offering EWM services. The workshop, focusing on "Molecular Testing in the Cytology Laboratory," received excellent ratings from the cytologists participating. The workshop topic was selected after a survey sent to cytologists by EWM indicated an interest in this subject.

Presenters at the day-long workshop were E. Blair Holladay, PhD, CT(ASCP), Center for Quality Improvement in Gynecologic Cytology and Program Director, Cytotechnology Program, Medical University of South Carolina, Charleston, SC; and Lynnette Savaloja, SCT(ASCP), Cytology Technical Specialist, Pathology Department, Regions Hospital, St. Paul, MN.

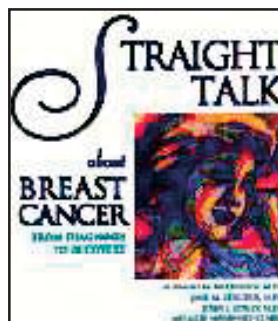


Lynnette Savaloja, SCT & E. Blair Holladay, PhD



Workshop participants L to R:
Sherri Bratzel, CT(ASCP), Siouxland Pathology, Sioux City, IA,
Diana Nevins, M.D., The Pathology Center, Omaha,
James Quesenberry, M.D., Siouxland Pathology

Surgeons Recommend Straight Talk About Breast Cancer Book



"When I talk to women who are newly diagnosed with breast cancer, I know that all of the information can seem overwhelming. The *Straight Talk about Breast Cancer* book organizes that information in a way that is simple, straightforward, and accurate. When women come back for their second visit after they have read the book, they are so much more comfortable with making decisions about complex treatment options. I think the key to the book's success is that it is written with the medical understanding of a physician, but with the sensitivities of a woman who has just been diagnosed with breast cancer – it really speaks to women in a language and style that is meaningful."

**Janet Grange, M.D., PC, General Surgeon & Breast Specialist
Papillion, NE**

"We are pleased to be able to give *Straight Talk about Breast Cancer* to our cancer patients. The book is easy to read and understand. It answers the questions that the newly diagnosed patient might have. The book is also informative for their spouse and other family members."

**North Platte Surgical Associates, PC
North Platte, NE**

It is the goal of Every Woman Matters, along with our partners, the Nebraska Medical Association and CIMRO of Nebraska (Medicare quality improvement organization), to make *Straight Talk about Breast Cancer* available to all Nebraska women recently diagnosed with breast cancer. The book, written by a Nebraska physician after her own treatment for breast cancer, is **free of charge**.

Guia Para la Mujer Sobre El Diagnostico Y El Tratamiento Del Cancer Del Seno (A Woman's Guide to Breast Cancer Diagnosis and Treatment) is a Spanish-language booklet, available at no cost, that can serve as a valuable guide for women who read Spanish.

Please call **CIMRO-NE at 1-800-458-4262** to order copies of both resources for your clinic.

Professional Education/Continuing Education

Nebraska C.A.R.E.S.*

About Colorectal Cancer: A Dialogue for Action
****Cancer Awareness, Research, Education and Services***
Friday April 29, 2005
Wilderness Ridge-The Lodge Restaurant
1800 Wilderness Woods, Lincoln, NE

Nebraska has been chosen by the Cancer Research and Prevention Foundation in cooperation with the Centers for Disease Control and Prevention National Comprehensive Cancer Control Program as one of only three states to participate in developing and holding a local Dialogue for Action in 2005.

The working meeting, scheduled for Spring 2005, brings together a diverse group of individuals and organizations united by their dedication to decreasing the morbidity and mortality from colorectal cancer. Participants will include primary care, internal medicine, gastroenterology and oncology health professionals, physician assistants, nurse practitioners, and others from across the state that may influence colorectal cancer screening decisions. Co-chairs for the meeting include Ken Cowan, M.D., Executive Director, Eppley Cancer Center; Alan Thorson, M.D., colorectal surgeon; and Audrey Paulman, M.D., family practice provider. Dialogue for Action Project Director is June Ryan, Coordinator of the Nebraska Comprehensive Cancer Program. Carmela Sanchez de Jimenez, representing the Cancer Information Service and the minority and medically underserved and rural populations, and Jane Green, R.N., Colorectal Cancer Screening Coordinator for Every Woman Matters, are members of the Planning Committee.

Key note speaker for the event will be John Bond, M.D., past-president of the American Society for Gastrointestinal Endoscopy, a professor of medicine at the University of Minnesota and chief of the Gastroenterology Section at the Minneapolis VA Medical Center. Dr. Bond participated in early fecal occult blood screening clinical trials.

The meeting will consist of educational presentations and interactive dialogues. The meeting will result in development of specific steps that could be expected to increase colorectal cancer screening in Nebraska. Although the meeting focuses on developing an action plan to increase colorectal cancer screening, what is learned can be applied to many cancers and other diseases. The Dialogue for Action is an interactive conference and participants should come prepared to participate. The conference is open to anyone who is interested, however, it is necessary that participants register prior to the event. Save the Date Cards have been mailed. Those interested who did not receive a card may contact:

June Ryan at june.ryan@hhss.ne.gov

or

Jane Green at jane.green@hhss.ne.gov



Frequently Asked Questions

In this section, Every Woman Matters (EWM) answers questions from providers. Your feedback is important.

QUESTION: Why do clinics receive several copies of the same materials from EWM? Please save postage and printing costs by sending fewer copies.

ANSWER: Currently over 775 providers participate in the EWM program. In order to meet the needs of all providers, including over 550 clinics, and to have a well-informed group of providers, materials are directed to individual clinicians on the EWM database as well as the program contacts and clinic staff members. Many large clinics have three or more off site clinics in smaller towns; therefore, every clinic receives materials and updates, regardless of its association with another clinic. EWM feels that it is better for providers to be over informed rather than to be uninformed.



Dependent upon the target audience for each particular mailing, the mailing list may include copies for various staff members. For example, program training information would be sent to all Nursing staff who may be interested in receiving CEUs. That listing would include all of the nurses who attended the 2003 EWM continuing education training sessions. Someone on this list may also be the program contact and/or billing contact.

The current mailing list may also include clinic staff who are no longer employed by that particular clinic. Updating current mailing lists and addresses is an ongoing and tedious task. The cost of people power to sort hundreds of labels in order to delete the duplicates surpasses the cost of postage and copying costs. In addressing the printing costs, this cost is minimal because of the large quantity printed.

WHAT CAN BE DONE?

1. When extra copies are received, share those copies with staff who would benefit from this information.
2. Place copies in the red EWM Provider Manuals for future reference.
3. Post copies on bulletin boards for staff to review.
4. Use this as a reference for office in-service meetings and distribute to new office staff.
5. Notify EWM of changes of the person who is the program or billing contact in your office, as well as changes in clinician staffing in your office. The person to contact with this information is Char Wallace at char.wallace@hhss.ne.gov or (800)532-2227.

EWM appreciates your questions and comments. Feel free to contact us with other questions that may be answered in a future Provider Newsletter by emailing us at:

E-mail: every.woman.matters@hhss.ne.gov

Website: www.hhss.ne.gov/hew/owh/ewm

Professional Education/Continuing Education

Resources for Clients

In order to improve continuity of care for the increasing number of migrant and mobile clients and to assist those clients facing challenges of health care outcomes, consider the following resources.

The Migrant Clinicians Network, Inc.

The Migrant Clinicians Network, Inc. (MCN) provides the transfer of records and care coordination for mobile clients. The Network assists clinicians with follow-up for clients and to maintain continuity of care.

Services are provided for mobile clients who are being treated for tuberculosis, individuals with diabetes and for those who have been screened or need screening for breast, cervical or colon cancer.

MCN provides a records transfer system via fax and care coordination services via a toll-free telephone number to participating clinics. Medical records are transferred throughout the United States, Mexico, and Central America, integrating the services provided in those countries with the United States health care system. This allows clinicians to develop long term care plans for their clients.

More information on how to become a part of the Network at no cost is available by contacting the MCN Central Office at (512) 327-2017 or Andrea Kauffold at (713) 621-0322.

Patient Advocate Foundation

The Patient Advocate Foundation (PAF) is a national non-profit organization that serves as an active liaison between clients and their insurer, employer and/or creditors to resolve insurance, job discrimination, and/or debt crisis matters relative to their diagnosis. PAF provides professional case managers who negotiate with clients' insurers to resolve coverage and benefit issues, with client employers to mediate job discrimination issues and with client's creditors to facilitate resolution to debt crisis matters. PAF utilizes the AT&T Language Line that enables case managers to assist patients in 140 languages.

For more information contact PAF:

Phone: (757) 873-6668

Toll-free (800) 532-5274

Fax (757) 873-8999

Email: info@patientadvocate.org

Information about the Patient Advocate Foundation and The Migrant Clinicians Network, Inc was made available to those attending the Case Management Conference held in New Orleans, LA sponsored by the Centers for Disease Control and Prevention. Margarita Allen, RN, Case Management Coordinator for Every Woman Matters attended the conference, held May 2004.

Save the Date!!! **2005 Women's Health Symposium**

The 2005 Nebraska Women's Health Symposium will be held on May 11, 2005, at the Embassy Suites in Lincoln, Nebraska. This is the eleventh annual symposium, and it will feature national and local speakers on health issues important to women. Continuing education units will be available.

For additional information, contact officeofwomenshealth@hhss.ne.gov or call (877) 257-0073.



The Nebraska Health and Human Services System (NHHSS) is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.

Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program Cooperative Agreement and the Well Integrated Screening and Evaluation for Women Across the Nation Cooperative Agreement with the Nebraska Department of Health and Human Services. #U57/CCU706734-06 and #U57/CCU7191-66.

This newsletter is published bi-annually by the NHHSS Every Woman Matters Program. Generally, articles in this newsletter may be reproduced in part or in whole by an individual or organization. Please call EWM if an article featured in this newsletter will be reproduced.

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1-800-532-2227

E-Mail:
Every.Woman.Matters@hhss.ne.gov

Website:
www.hhss.ne.gov/hew/owh/ewm



Website Resources

Nebraska Office of Women's Health - <http://www.hhss.ne.gov/hew/owh>

Wondering what the Office of Women's Health is doing? Go to our website! Our website has resources regarding Every Woman Matters, Heart Truth Campaign, Statewide Walking Campaign, and the programs and committees who are working to help women lead healthier lives.

American Heart Association - <http://www.americanheart.org>

Quick access to AHA Journal articles, and published medical scientific statements and guidelines on cardiovascular disease and stroke, written by volunteer scientists and health care professionals.

Susan G. Komen Foundation - <http://www.komen.org>

Non-profit organization which supports breast cancer research, education, screening, and treatment. A great resource for those who are interested, or are looking for answers on what to expect with a breast cancer diagnosis. Interactive tools and message boards available. Information on the Nebraska Susan G. Komen Foundation Affiliate can be found at www.nebraskaraceforthecure.com.

National Center on Birth Defects and Developmental Disabilities - <http://www.cdc.gov/ncbddd/>

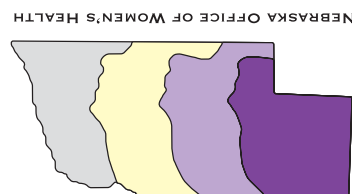
This website contains links to subject areas such as Birth Defects, Developmental Disabilities, Hereditary Blood Disorders, Human Development and Disability. As part of the Centers for Disease Control and Prevention, links are available to each of the above subject areas, and online resources offer suggestions for services provided to people with disabilities.

National Organization on Disability - <http://www.nod.org/healthcare/>

This website provides a resource for individuals with a disability, caretakers for, or professionals that care about barriers and challenges for those with disabilities. Disability facts, links, and resources for health professionals and specific detailed descriptions of disabilities are also found at this website.

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